

Fill in this information to identify your case:

Debtor 1	Gavin B Whiston		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of New York			
Case number (If known)	24-10803		

Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

	Unsecured claim
1 Dubcork, Inc. Creditor's Name 299 Broadway Suite 1820 Number Street dba Smithfield Tavern, Smithfield Hall NY New York NY 10007 City State ZIP Code Contact Joshua E Abraham 646-245-6710 Contact phone	<p>What is the nature of the claim? <u>Judgment Liens</u> \$ 4,588,152.15</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>
2 Ken Foley Creditor's Name 30-67 42nd St. Number Street Apt. 3-R Astoria NY 11103 City State ZIP Code Contact Joshua Abraham 646-245-6710 Contact phone	<p>What is the nature of the claim? <u>Judgment Liens</u> \$ 153,523.92</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>

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Unsecured claim

3 Peconic Bay Medical Center Creditor's Name 223 Townsend Square Number Street c/o Jerald J DeSocio & Associates, P.C. Oyster Bay NY 11771 City State ZIP Code Jerald DeSocio Contact 516-628-2356 Contact phone	What is the nature of the claim? Medical Services \$ 1,640.00 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
4 JPMCB Card Services Creditor's Name 301 N Walnut St Number Street Floor 09 Wilmington DE 19801 City State ZIP Code Contact 800-945-2000 Contact phone	What is the nature of the claim? Credit Card Debt \$ 246.00 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
5 NY State Dept of Taxation & Finance Bar Creditor's Name PO Box 5300 Number Street Albany NY 12205 City State ZIP Code Contact Contact phone	What is the nature of the claim? Taxes & Other Government Units \$ 0.00 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
6 Internal Revenue Service Creditor's Name Centralized Insolvency Operations Number Street PO Box 7346 Philadelphia PA 19101 City State ZIP Code Contact Contact phone	What is the nature of the claim? Taxes & Other Government Units \$ 0.00 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
7 Creditor's Name Number Street City State ZIP Code Contact Contact phone	What is the nature of the claim? _____ \$ _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____

Debtor 1 **Gavin B Whiston**
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Unsecured claim

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Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

9

Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

10

Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

11

Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

12

Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

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Unsecured claim

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Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

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Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

15

Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

16

Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

17

Creditor's Name

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street

Does the creditor have a lien on your property?

- No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

City State ZIP Code

Contact

Contact phone

Debtor 1 **Gavin B Whiston**
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Unsecured claim

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What is the nature of the claim? _____ \$ _____

Creditor's Name _____

Number Street _____

City State ZIP Code _____

Contact _____

Contact phone _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

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What is the nature of the claim? _____ \$ _____

Creditor's Name _____

Number Street _____

City State ZIP Code _____

Contact _____

Contact phone _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

20

What is the nature of the claim? _____ \$ _____

Creditor's Name _____

Number Street _____

City State ZIP Code _____

Contact _____

Contact phone _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Gavin B Whiston

Signature of Debtor 1

Date 05/10/2024

MM / DD / YYYY

X

Signature of Debtor 2

Date 05/10/2024

MM / DD / YYYY